

654  
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 120

1. PLACE OF DEATH: Cole  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1012 - E - Miller  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

In this community 27 years

3. (a) PRINT FULL NAME James Porter Washington  
3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased June 6 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Boone County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Christian Church

12. Name George Washington  
13. Birthplace Boone County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah J. Washington  
(b) Address 1012 - E - Miller

17. (a) Buried (b) Date thereof 5-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview

18. (a) Signature of funeral director James Porter  
(b) Address 1012 - E - Miller

19. (a) 5-12-48 (b) R. P. Darrin MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1012 - E - Miller 4  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1948 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 4, 1947, to May 9, 1948, that I last saw him alive on May 6, 1948, and that death occurred on the date and hour stated above. Duration

Immediate cause of death Hyper tension  
serule  
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 917  
Of operations 917  
Of autopsy 917

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  
While at work? (Specify type of place) Means of injury 0

23. Signature James Porter (M. D. or other)  
Address 106 24 Duval Street Date signed Aug 12 - 48

9/10/11 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.